

## APPLICATION FOR RN LICENSURE BY EXAMINATION

Criminal Background checks – All applicants are required to submit to a fingerprint-based criminal background check by the Idaho Central Criminal Database and Federal Bureau of Investigation criminal history database. **Fingerprint cards are available from the Board office by calling (208) 334-3110 ext 2476.**

Total Fees to be submitted:	RN Licensure by Examination Fee -	\$90.00
	Fingerprint Processing Fee -	\$30.00
	TOTAL -	\$120.00

**PLEASE NOTE:**

***Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00.***

***Applications post-marked on or after October 1, 2012, must include the increased fee.***

TOTAL - \$124.00

***Effective July 1, 2013, the Fingerprint Processing Fee will be increased to: \$42.00.***

***Applications post-marked on or after July 1, 2013, must include the increased fee.***

TOTAL - \$132.00

**An additional fee of \$25.00 is required for issuance of a temporary license.**

**INSTRUCTIONS FOR IDAHO PROFESSIONAL NURSE LICENSURE (RN) APPLICATION  
AND NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX-RN) REGISTRATION**

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In order to qualify for the National Council Licensure Examination (NCLEX) and licensure as a nurse in the state of Idaho, the following items must be on file with the **IDAHO BOARD OF NURSING**:

1. **APPLICATION FOR LICENSURE FORM** - must be completed in ink and notarized by a notary public. (*Applications may not be photocopied and will NOT be accepted by FAX.*) If all information requested is not supplied, provide an explanation for the omission. (All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year.)
2. **PHOTOGRAPH** - must be taken within the last year and show head and shoulders only. Please attach your photograph to the application with tape or enclose it in the Board of Nursing envelope with the application form. (Approximate size: 2" x 2" or 2" x 3".) The picture may be passport or digital/polaroid type. (*Please indicate on the application form the date the photograph was taken.*)
3. **LICENSURE FEE OF \$90.00** - submit the licensure fee, in the form of a personal check or money order made payable to IDAHO BOARD OF NURSING, with the application form. (All fees are **nonrefundable**.)
4. **CENSUS QUESTIONNAIRE FORM** - complete in ink and return with your application form.
5. **AFFIDAVIT OF GRADUATION** - the affidavit of graduation must be completed by your nursing program director/administrator, notarized, and returned directly to the Board of Nursing from the nursing education program after all requirements of the education program have been successfully completed.
6. **FINGERPRINT CARD**. All applicants for licensure are required to submit to a fingerprint-based criminal background check by the Idaho central criminal database and the federal bureau of investigation criminal history database. Complete the required fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable - **fee for processing - \$30.00. Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00. Applications post-marked on or after October 1, 2012, must include the increased fee. (Total fee to submit - \$124.00). Effective July 1, 2013, the Fingerprint Processing Fee will be increased to: \$42.00. Applications post-marked on or after July 1, 2013, must include the increased fee. (Total fee to submit - \$132.00).** Cards can take from 3-4 weeks for processing. You must complete and return the enclosed "NonCriminal Justice Applicant Privacy Statement" to the Board office before your license can be issued. To obtain and challenge your FBI Identification Record – go to: [www.fbi.gov/hq/cjisd/fprequest.htm](http://www.fbi.gov/hq/cjisd/fprequest.htm)

**TEMPORARY LICENSURE (optional):**

1. A temporary license, which allows you to be employed as a graduate nurse in Idaho, is available for an additional \$25.00 fee (**for a total licensure fee of \$115.00**). The temporary license may be issued after the completed licensure application, affidavit of graduation, and licensure fees are received. The temporary license is valid for 90 days, which will allow sufficient time to take the NCLEX and receive the results.
2. A Board of Nursing Rule requires that new graduates functioning on a temporary license work under the direct supervision of a registered nurse and not assume charge responsibilities. A graduate nurse working on a temporary license must use the title "Graduate Nurse", abbreviated G. N.  
Rule IDAPA 23.01.01.040.04.a. states that "an applicant who fails to pass the licensing examination [the first time] shall not be eligible for further temporary licensure". **The temporary license cannot be extended under any circumstances, and will be voided immediately if you do not pass the NCLEX.**  
Note: Although a temporary license cannot be issued until a completed, notarized Affidavit of Graduation has been received from the school of nursing, you may submit your licensure application as early as you wish. In fact, submitting your application, fees, and fingerprint card early will expedite the issuance of your temporary license when the Affidavit of Graduation is received.

**NCLEX CANDIDATE BULLETIN** – You may contact the Board office to request an NCLEX Bulletin, or access the form at [www.ncsbn.org](http://www.ncsbn.org), or by phone 1-866-496-2539 to register with Pearson VUE. **Do NOT send the NCLEX registration form and fee to the Idaho Board of Nursing. These materials must be sent directly to Pearson VUE.** After you register for NCLEX, you will receive written acknowledgment of your registration directly from Pearson VUE. Upon Board of Nursing approval of your eligibility, you will then receive an Authorization to Test (ATT) directly from Pearson VUE.

**The Authorization to Test is only valid for 90 days.** Therefore, if you do not intend to take the NCLEX within that time frame, you may not wish to register with Pearson VUE at this time. Please note, however, that the temporary license cannot be extended due to examination delays.

## RELEASE OF NATIONAL COUNCIL LICENSURE EXAMINATION RESULTS

Results of the National Council Licensure Examination (NCLEX) are generally mailed from the Board office directly to the examination candidate within ten days after testing.

Examination results may be acquired two business days after your examination date. Please contact:

<b>Pearson VUE</b>	
1-900-776-2539	\$9.95
<a href="http://www.pearsonvue.com/nclex">www.pearsonvue.com/nclex</a>	\$7.95

*Please do not contact the Idaho Board of Nursing for examination results. Board policy prohibits the release of examination results to candidates or their employers via phone.*

## NURSE LICENSURE COMPACT

Under terms of the Nurse Licensure Compact, licensed practical and professional nurses (LPNs and RNs) may hold a license to practice in their state of primary residence which grants them the privilege to practice in all Compact states without holding separate licenses in those states. If your primary state of residence is one of the other Compact states, you may not apply for an Idaho license. In the event that you change your declared state of residence to Idaho, you may then apply for an Idaho license.

Please contact the Board of Nursing in your primary state of residence for licensure information:

Compact states are: Arizona, Arkansas, Colorado, Delaware, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin. More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing's web site at <http://www.ncsbn.org>

## MULTIPLE LICENSES

Administrative Rules of the Board of Nursing indicate that "a licensee may hold only one (1) renewable license to practice nursing at any time" (IDAPA 23.01.01.908)0. A nurse cannot hold a PN license and a RN license at the same time. Upon issuance of a RN license, the PN license will become void (inactive).

PLEASE BE ADVISED: Licensed professional nurses must renew their license(s) by August 31<sup>st</sup> of every odd-numbered year. Licensed practical nurses must renew their license by August 31<sup>st</sup> of every even-numbered year. A nurse who applies for licensure on or after March 1<sup>st</sup> of the year, in which the license would ordinarily be renewed, will be issued a license valid until the next renewal period.

**IDAHO BOARD OF NURSING**  
**Mailing Address: P.O. BOX 83720 - BOISE, ID 83720-0061**  
**Location: 280 N. 8<sup>TH</sup> St., Suite #210, Boise, ID 83702**  
**(208) 334-3110 ext. 2478**

**APPLICATION FOR NURSE LICENSURE BY EXAMINATION**

For Office Use Only

License # \_\_\_\_\_  
☐ Compact ☐ Valid only in Idaho

Receipt # \_\_\_\_\_

Amount: \_\_\_\_\_  
☐ \$90 (RN EXAM)  
☐ \$75 (LPN EXAM)  
☐ \$25 (TEMP. LIC.)  
☐ \$30 (F.P.CARD) ☐ \$34 ☐ \$42

APPROVAL:  
Temp. Lic. \_\_\_\_\_

Licensure \_\_\_\_\_

Check the category for which application is being made:

- ☐ Licensed Practical Nurse (LPN)
- ☐ Licensed Professional Nurse (RN)

Temporary License Requested?  
☐ YES ☐ NO

AFFIX A 2" X 2"

PHOTOGRAPH

HEAD AND SHOULDERS  
ONLY  
Taken within the Year

DO NOT STAPLE

Date of photo \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Other names used previously \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ S.S. No. \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_  
(City & State)

**RN/LPN EDUCATION**

Name of Practical Nursing (LPN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

(City & State)

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Type of Degree/Credential Granted \_\_\_\_\_  
Mo/Yr Mo/Yr ADN/ASN/CERT/DIPLOMA

Name of Professional Nursing (RN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

(City & State)

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Type of Degree/Credential Granted \_\_\_\_\_  
Mo/Yr Mo/Yr ADN/ASN/BSN/MSN

Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) for Registered or Practical Nurses in any jurisdiction of the United States?

YES ☐ NO ☐

RN ☐ PN ☐

PASS ☐ FAIL ☐

If yes, indicate Jurisdiction \_\_\_\_\_

F.P. CARD REC'D \_\_\_\_\_  
F.P. RESULTS REC'D \_\_\_\_\_  
INITIALED \_\_\_\_\_

CONTINUED ON PAGE 2

## SCREENING QUESTIONS

**PLEASE ANSWER ALL QUESTIONS: If you have answered 'Yes' to a question, you must provide additional information. (See below)**

1. Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered?) NA ☐ Yes ☐ No ☐
2. Is any action pending against your nursing license in any state? NA ☐ Yes ☐ No ☐
3. Have you ever had an application for nursing license denied? NA ☐ Yes ☐ No ☐
4. Have you ever been denied admission to a nursing examination by any state? NA ☐ Yes ☐ No ☐
5. Do you have or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five years, which may impair your ability to practice nursing with reasonable skill and safety? Yes ☐ No ☐
6. If yes, do you require special accommodations in order to practice? NA ☐ Yes ☐ No ☐
7. Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction? Yes ☐ No ☐
8. Have you ever pled guilty, entered a plea of nolo contendere or an "Alford plea", been convicted of, or received a withheld judgment, for a misdemeanor or felony in any jurisdiction? Yes ☐ No ☐

**For all "Yes" answers, attach a complete explanation including dates, circumstances and supporting documents if applicable.**

## DECLARATION OF STATE OF RESIDENCE

I declare my primary state of residence is \_\_\_\_\_.

Primary State of Residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile.

**THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.**

## **A F F I D A V I T**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) s.s.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, declare that I have no mental or physical disabilities (except as noted above) that would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit.

\_\_\_\_\_  
 Signature of Applicant

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me,  
 \_\_\_\_\_, a notary public, personally appeared the following individual:  
 \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the  
 within instrument, and acknowledged to me that he/she executed the same.

**WITNESS my hand and official seal.**

Signature of Notary Public \_\_\_\_\_  
 Commission expires \_\_\_\_\_

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417, UNTIL YOU HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

**AFFIDAVIT OF GRADUATION**

***This form must be completed and mailed directly to the Board office by the nursing department, NOT the applicant.***

**NURSING FACULTY:**

Please complete this form and mail it ***directly*** to:

IDAHO BOARD OF NURSING, POST OFFICE BOX 83720, BOISE, IDAHO 83720-0061

I hereby certify that \_\_\_\_\_ successfully completed all  
(NAME OF STUDENT/GRADUATE)  
requirements of the \_\_\_\_\_ program in  
(NAME OF INSTITUTION OR SCHOOL)  
\_\_\_\_\_ nursing on \_\_\_\_\_ and was/will be granted a \_\_\_\_\_ degree/certificate  
(PROFESSIONAL/PRACTICAL) (COMPLETION DATE) (TYPE)  
on \_\_\_\_\_.  
(GRADUATION DATE)

\_\_\_\_\_  
(NURSING EDUCATION ADMINISTRATOR OR AUTHORIZED DESIGNEE)

\_\_\_\_\_  
(TITLE)

**NOTARY PUBLIC:**

1. Please notarize the signature of the nursing education administrator above--***not*** the signature of the graduate.
2. Please notarize the affidavit ***after*** completion of ***all*** graduation requirements from the program.

On the following date, \_\_\_\_\_, before me, \_\_\_\_\_  
(MONTH, DATE, YEAR) (NOTARY PUBLIC)

personally appeared \_\_\_\_\_ known or identified to me, to be the person  
(NURSING EDUCATION ADMINISTRATOR)

whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

***WITNESS my hand and official seal.***

\_\_\_\_\_  
(NOTARY PUBLIC)

\_\_\_\_\_  
(EXPIRATION DATE OF NOTARY COMMISSION)



# Idaho State Police

## Bureau of Criminal Identification

### NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Nursing that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

[http://www.isp.idaho.gov/identification/crime\\_history/FrequentlyAskedQuestions-CriminalRepository.html](http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html).

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.*

I do ☐ do not ☐ want a copy of the Privacy Act Statement.

Printed Name

Signature of Applicant

Date





IDAHO BOARD OF NURSING  
**Professional Nurse (RN)**  
**CENSUS QUESTIONNAIRE**

NAME \_\_\_\_\_

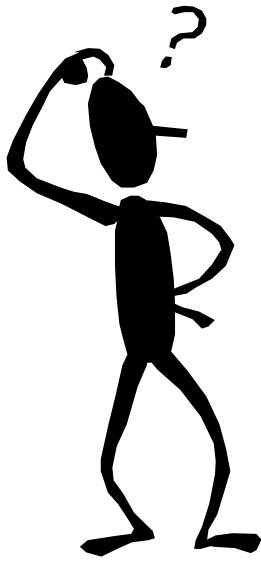
Birth Date	Social Security No.	Gender	County of Residence	County of Employment
/   /	-   -			
<i>Ethnicity* (Optional)</i> <input type="checkbox"/> Caucasian(1) <input type="checkbox"/> African American/Black(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Am. Indian/Alaska Native(4) <input type="checkbox"/> Asian/Pacific Islander(5) <input type="checkbox"/> Multi-Racial(6) <input type="checkbox"/> Other(99)_____				
<b>(*Voluntary disclosure information – response optional)</b>				

PLEASE MARK ONLY **ONE** ANSWER IN THE BOX FOR EACH QUESTION

**NOTE:** *If you are working as a nursing assistant or nurse apprentice, indicate that you are employed outside of nursing.*

I am currently taking courses toward an additional/advanced degree in nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I intend to leave/retire from the practice of nursing in the next five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EMPLOYMENT STATUS</b>	1. Employed in nursing full-time      5. Not employed/Student 2. Employed in nursing part-time      6. Not employed/Not seeking 3. Employed outside nursing      7. Volunteer 4. Not employed/Seeking employment		
<b>NOTE:</b> <i>If you answered 1 or 2 to the above question, please continue. If you answered 3 - 7, please stop here.</i>			
<b>PRIMARY EMPLOYMENT</b>	1. Hospital      7. Assisted Living      99. Other (specify) _____ 2. Nursing Home      8. Nursing Education 3. Home Health/Hospice      9. Insurance Company 4. Public Health      10. Jail/Prison 5. Occupational Health      11. School Health 6. Medical Office/Clinic      12. Outpatient Facility		
<b>TYPE OF POSITION</b>	1. Staff or General Duty      7. Consultant/Researcher 2. Case Manager/Discharge Planner      8. Charge/Lead Nurse/Team Leader 3. Administrator/Supervisor      99. Other (specify) _____ 6. Quality Assurance/Outcomes Management		
<b>MAJOR CLINICAL AREA</b>	1. Geriatric      5. Psychiatric/Mental Health      99. Other (specify) _____ 2. Gynecologic/Obstetric      6. Emergency 3. Medical/Surgical      7. Community/Public Health 4. Pediatric      8. Rehabilitation/Restorative		

Information provided is for statistical purposes only.



# *Where do I send my paperwork?*

## **To Idaho Board of Nursing**

- Application Form
- Picture
- Census Questionnaire
- Fingerprint Card
- Idaho State Police Privacy Statement
- Appropriate Fee
  - \$90 RN Licensure or \$75 PN Licensure
  - \$25 Temporary Licensure (optional)
  - \$30 Fingerprint Card\*
  - (\*10/1/12 - \$34 OR 7/1/13 - \$42)

## **To NCLEX Operations/Pearson VUE**

- Bubble Sheet Application Form
  - (Included in NCLEX Candidate Bulletin)
- \$200 Cashier's Check or Money Order

*Questions?*

*Idaho Board of Nursing 208-334-3110 ext 2478 or Pearson VUE 1-866-496-2539*

## FREQUENTLY ASKED QUESTIONS

### CAN YOU HOLD TWO LICENSES AT ONCE (LPN & GRADUATE NURSE TEMPORARY)?

You may hold a LPN license and Graduate Nurse Temporary license at the same time because Idaho Code states that a nurse may not hold two renewable licenses at the same time and a GN Temporary License is not a renewable license. When the renewable RN license is issued the LPN license will become void.

### WHY DOES THE APPLICATION HAVE TO BE NOTARIZED?

The affidavit on the 2nd page of the application must be notarized because this verifies that you are the person that has agreed to the statement above your signature. This signature may also be used by the Board if there is a question of fraudulent use of your license.

### WHY CAN'T TEMPORARY LICENSES BE ISSUED BEFORE THE AFFIDAVIT OF GRADUATION IS RECEIVED?

The Affidavit of Graduation verifies to the Board that you have completed the education required for licensure. All applicants for licensure must meet the required education requirements before the temporary license can be issued.

### HOW LONG DOES IT TAKE FOR TEMPORARY LICENSES TO BE ISSUED?

Temporary Licenses may be issued when the Board has received your completed application (all information including notarized signature), fee, and valid Affidavit of Graduation.

### CAN I GET VERIFICATION OF MY TEMPORARY LICENSE TO MY EMPLOYER?

You may request verification of your temporary license be faxed to your employer by contacting the Board office. Your employer may also contact the Board for a phone or printed verification.

### WHAT IS THE CENSUS QUESTIONNAIRE FOR?

The Census Questionnaire is for the Board to report certain statistical information. This information is reported annually to the Board. Ethnicity is optional and does not require a response.

### WHAT IS DIRECT SUPERVISION WITH REGARDS TO THE RESTRICTION ON A TEMPORARY GRADUATE LICENSE?

Direct Supervision, as stated in the Rules of the Board, requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, directions, and periodic evaluation.

### WHO SENDS OUT THE AUTHORIZATION TO TEST (ATT) NUMBER?

When the Board notifies Pearson VUE (the testing vendor) of your eligibility to test, Pearson VUE will send your ATT to the postal address and/or email address you provided when registering.

### IS A GRADUATE PRACTICAL NURSE/GRADUATE NURSE TEMPORARY LICENSE VALID IN ANOTHER STATE?

Idaho graduate temporary licenses are not valid in any other state. You may work only in Idaho on your graduate temporary license.

### HOW CLOSE DOES MY ID HAVE TO MATCH THE ATT LETTER?

Your first and last names must match exactly what the ATT letter states. Your middle name is not required and may be missing on one and stated on another-this is ok.

### HOW LONG UNTIL I WILL KNOW MY RESULTS OF THE NCLEX?

The Board of Nursing will notify you by mail within 7-10 days after taking the examination. Please do not call the Board for results as they CANNOT be released over the phone due to confidentiality and cannot be given to your employer over the phone. You may, however, call the Pearson VUE test results line at 1-900-776-2539 48 hours to learn if you passed.

### AFTER I PASS WHEN CAN MY EMPLOYER VERIFY MY LICENSE?

License numbers are not released by phone to newly licensed graduates or their employers until 10 days after the license is issued. Your employer may verify your license at anytime after it is issued by using our automated system (option 1) at 1-208-334-3110, or through the Boards website- [www.ibn.idaho.gov](http://www.ibn.idaho.gov) – click on “Search Licensee Database”.

### HOW SOON AFTER I GRADUATE UNTIL I WILL BE ABLE TO TAKE THE NCLEX?

When Pearson VUE sends your ATT, you will be able to schedule a test date using your ATT. Test dates are based on availability and depending how many other graduates are requesting to take the NCLEX at that time.

### **Still have questions?**

Consult your Candidate Bulletin and Application Instructions or Contact the Idaho Board of Nursing at (208) 334-3110 ext 2478

## RESOURCES FOR NCLEX REVIEW

*The Idaho Board of Nursing is not affiliated with any of the companies listed below and does not recommend one over the other. Please contact each company directly for more information.*

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**NCSBN Learning Extension**  
[www.learningext.com](http://www.learningext.com)

**Kaplan Nursing**  
[www.kaptest.com/NCLEX](http://www.kaptest.com/NCLEX)

**Assessment Technologies Institute**  
[www.atitesting.com](http://www.atitesting.com)

**Lippincott Williams & Wilkins**  
[www.lww.com](http://www.lww.com)

**Chicago Review Press**  
[www.ipgbook.com](http://www.ipgbook.com)

**Review for Nurses**  
[www.reviewfornurses.com](http://www.reviewfornurses.com)

**Elsevier Health Sciences**  
[www.us.elsevierhealth.com](http://www.us.elsevierhealth.com)

**Nursing Education Consultants**  
[www.nursinged.com](http://www.nursinged.com)

**F.A. Davis**  
[www.fadavis.com](http://www.fadavis.com)



## FINGERPRINT-BASED BACKGROUND CHECKS – RELATED FEES

Licensure applications must be accompanied by the enclosed, completed fingerprint card. The fees listed below **include** the fingerprint processing fee of \$30.00. **You must complete and return the enclosed “NonCriminal Justice Applicant Privacy Statement” to the Board office before your license can be issued.**

**PLEASE NOTE:**

***Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00. Applications post-marked on or after October 1, 2012, must include the increased fee.***

***Effective July 1, 2013, the Fingerprint Processing Fee will be increased to: \$42.00. Applications post-marked on or after July 1, 2013, must include the increased fee.***

<b>Item Requested</b>	<b>Prior to 10/1/12</b>	<b>10/1/12 to 6/30/13</b>	<b>Effective 7/1/13</b>
RN Examination with graduate temporary license -	\$145	\$149	\$157
RN Examination only -	\$120	\$124	\$132
PN Examination with graduate temporary license -	\$130	\$134	\$142
PN Examination only -	\$105	\$109	\$117

If you have questions concerning the fingerprint card requirement, contact the Board office at (208) 334-3110 ext 2478.

To obtain and challenge your FBI Identification Record – go to:  
[www.fbi.gov/hq/cjisd/fprequest.htm](http://www.fbi.gov/hq/cjisd/fprequest.htm)

# NCLEX REGISTRATION PROCESS

